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**DATE: November 4, 2009**

**TO: Adult Mental Health and Developmental Disabilities (MH/DD) Stakeholder Task Force**

**FROM: William P. Angrick II**

**RE: Ombudsman Suggestions Regarding Funding and Service Issues Associated with the Service System Administered by Counties for Adult Mental Health and Disability Services**

My office has attended the MH/DD task force meetings because we have had a keen interest in the administration of mental health and disability services by counties for quite some time. In November 2008, as a result of complaints investigated by my office, we initiated a survey of all the county Central Point of Coordination Administrators (CPC's) regarding commitment and placement issues. I offer the following comments and suggestions to the MH/DD Task Force based upon information obtained from my office's survey and through my office's investigations.

**Mental Health Commitment Process**

While reviewing several complaints from or about county jail inmates with mental health issues, my office became aware that civil commitment and placement issues vary by county. I decided to survey the county Central Point of Coordination administrators (CPC's) to determine who is responsible for placement in certain situations and what problems they have had with placement.<sup>1</sup>

78 CPC coordinators cover Iowa's 99 counties. My office sent surveys to all the CPC coordinators, requesting a response for each individual county they served. We have received responses to the survey for 95 counties, a 96% response rate.

The survey responses indicate 66 counties in Iowa expressed problems placing individuals who needed inpatient commitment. Many patients reportedly must be transported far away from home, family and support systems. The counties also incurred extra transportation costs and Sheriff time to take patients farther away. Counties struggle due to lack of cooperation between the parties in the system. Nineteen counties reported problems obtaining sufficient information

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<sup>1</sup> A list of the survey questions can be found in Appendix A.

from the District Court Clerk's office or the Magistrate to facilitate placement. Eight counties reported lack of cooperation between the parties in the system as being an issue. These issues ultimately negatively impact the patients. Recent complainants to my office, parents of a mentally ill child, reported that a Judge twice refused to order a mental health commitment on their sixteen year old daughter because a bed could not be found.

Accordingly, I offer the following suggestions:

- Legislatively mandate communication and collaboration between all parties in the system. This may involve a re-write of chapter 229 to clarify who is responsible for what role in the commitment process, and encourage consistency across the state.
- Establish a pilot project or mandate use of community mental health centers to pre-evaluate alleged mentally ill persons prior to court-ordered commitment. This is already being done in some areas of the state and when it occurs it reduces the need for inpatient commitment, saving beds for those who truly need them.
- Use the Department of Human Services' Mental Health Institutes for sub-acute care (care for those patients who no longer meet the criteria to be committed but cannot yet be released) to free up local psychiatric beds to be used for acute care commitment purposes.

My office is in the midst of investigating the systemic issues relating to the release of the alleged perpetrator involved in the case of the shooting death of Coach Ed Thomas. It is clear no one notified law enforcement of the alleged perpetrator's release from the hospital, where he had been admitted for a mental health evaluation. My preliminary suggestion as a result of this on-going investigation is:

- That the Legislature mandate notification of law enforcement by a hospital or other medical provider prior to a patient's release if the person was delivered to the facility by law enforcement for mental health related concerns.

### **Mental Health Courts/ Jail Diversion programs**

My office has long been aware that jails and prisons have become the dumping ground for the mentally ill. Mentally ill inmates have been improperly restrained and disciplined for behavior resulting from their mental illness.<sup>2</sup> In addition to struggling with treatment and behavioral issues of mentally ill inmates, jails and prisons contend with lack of resources and training to deal with the unique problems associated with mentally ill inmates. Please note five counties in the CPC survey report commitments of jail inmates are rarely necessary because mental health services are provided to the inmates in the jail. I offer the following suggestions to address these problems:

- That the Legislature consider pilot projects using federal grants to establish Mental Health Courts and jail diversion programs. Charge the Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury (MHMRDDBI) Commission or other already existing body with grant application and oversight.

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<sup>2</sup> *Investigation of Restraint Device Use in Iowa's County Jails*, Iowa Citizens' Aide/Ombudsman, Released February 19, 2009 [http://www.legis.state.ia.us/caodocs/Invstgtv\\_Reports/2009/CIWPA001.PDF](http://www.legis.state.ia.us/caodocs/Invstgtv_Reports/2009/CIWPA001.PDF)

- That the Legislature study the guide published by The Council of State Governments Justice Center. The guide, *Mental Health Courts: A Guide to Research-Informed Policy and Practice*, was released in September, 2009. The guide explains how mental health courts address the issues related to people with mental illnesses in the criminal justice system.
- That the Legislature study Chapter 230A and its administration and consider the role of Community Mental Health Centers in providing mental health services to jails.

- Appendix A

Survey Questions to County Central Point of Coordination Administrators (CPC's)

1. Please describe the involuntary mental health commitment process in your county or counties.
2. Who is responsible for placement of an individual once a judge or magistrate orders a 48 hour hold?
3. Who is responsible for placement once an individual is found seriously mentally impaired and in need of treatment?
4. Who do you believe *should* be responsible for placement in each of the above situations?
5. What placement problems or issues has your county had?
6. How willing are your local judges or magistrates to commit individuals?
7. What has been your experience in obtaining commitment orders for a county jail inmate?
8. How often is it necessary to attempt to commit a county jail inmate and is the commitment attempt generally successful?
9. Are there any other mental health issues you think our office should be aware of?